***Happy New Year***

**January 2008 (1)**

Welcome to the January 2008 CSIP telecare eNewsletter. During the first quarter of 2008, CSIP Networks will be publishing additional newsletters. So make sure you are registered on the web site to receive them.

**Section 3.3 “…… Person centred planning and self directed support to become mainstream and define individually tailored support packages. Telecare to be viewed as integral not marginal……”**

Putting People First – 10 December 2007

We are building a database of 200 outcomes from telecare and telehealth since Building Telecare in England in 2005. As telecare and telehealth services are mainstreamed, we are now looking for good practice and best practice, the lessons learned, the gold standard care pathways, the involvement of users, patients and carers, the integrated services, the innovations. This is expected to link in with the CSCI performance assessment arrangements for April 2008 which will be finalised in the coming weeks.

***Forthcoming CSIP 2008 telecare events – London (24 Jan), Leeds (29 Jan), Manchester (4 Feb), Taunton (7 Feb) and Birmingham (12 Feb) – Booking still available, places now going fast at most venues***

The Care Services Improvement Partnership (CSIP) is responsible for providing general implementation support to organisations building their telecare and telehealth programmes.

If you are an organisation implementing telecare and have an interesting local telecare story for inclusion in a future newsletter then e-mail Mike Clark (newsletter editor, CSIP Networks) at telecare@csip.org.uk

If you or a colleague would like to receive future copies of the newsletter then all you need to do is register at http://www.icn.csip.org.uk/index.cfm?pid=12
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Item 1 – some of the current issues are considered for commissioners and service providers
involved in mainstreaming telecare. This includes the structure of personal budgets and charging.

Item 2 – covers the recent DH publication on long term conditions

Item 3 – provides update information on the five CSIP events for January/February 2007/8 – have
you booked?

Item 4 – Provides a brief update on the TSA codes

Item 6 – lists a wide range of links on telecare and telehealth of relevance to organisations
implementing telecare and telehealth

Item 7 is out normal events listing including Housing LIN meetings

Appendix 1 covers the CSCI letters to social care authorities (Nov 2007) – what comments were
made about telecare implementation in your area?

Appendix 2 covers the projections from 150 social care authorities for new users in 2007/8 – how is
your local authority doing?

Next newsletter – Mid January 2008 covering telehealth and programmes for the events

Glossary:

ALIP – Assisted Living Innovation Platform
AT – Assistive Technology
BERR – Business Enterprise and Regulatory Reform
CSCI – Commission for Social Care Inspection
DCLG – Department for Communities and Local Government
FACS – Fair Access to Care Services
NHS CfH – NHS Connecting for Health
NHS PASA – NHS Purchasing and Supply Agency
PT Grant or PTG – Preventative Technology Grant
TSA – Telecare Services Association
1 Mainstreaming telecare during 2008 – some current issues

Prepared by Mike Clark for CSIP Networks

Local authorities and their partners will be mainstreaming telecare and some telehealth services during 2008.

**How is your organisation placed to ensure that telecare is integral to person centred planning and self directed support as set out in ‘Putting People First’?**

Here are some areas to consider as you take your services into the mainstream.

Note: image sizes can be increased in the Word Version – slides are also available at: [http://www.icn.csip.org.uk/library/Resources/Telecare/Support_materials/Jan_2008_newsletter_images.ppt](http://www.icn.csip.org.uk/library/Resources/Telecare/Support_materials/Jan_2008_newsletter_images.ppt)

### 1.1 Commissioning - getting the balance right

Have you got the balance of services right between:

- FACS eligible – eg critical/substantial
- Targeted – eg falls, dementia support
- Preventative including Supporting People
- Self care and self directed support

In image 1, the right hand triangle is a typical long term condition management triangle with more complex case management at the top and self management at the broader base. The left hand social care triangle is upturned to show a broader area for FACS eligible service users. There is little overlap of the triangles as integration and data sharing is still limited locally for various reasons.

In image 2, current telecare and telehealth programmes are mapped onto the triangles. Although, specific programmes are carefully planned, there is often an unclear sense of where the telecare recipients are located within the overall picture so evaluation results may prove inconclusive. The majority of social care authorities are currently providing telecare for FACS eligible users - usually Critical/Substantial.
In image 3, the local commissioning emphasis is placed on the critical and complex cases that often become urgent when needs change or there is an exacerbation (eg COPD) or fall at home. These will be the intensive home care service users and some of the more complex (and sometimes frequent) admissions to hospital – local authorities and health trusts tend to separately know who they are but they will not know how many people with intensive home care also have COPD/heart failure. It is understandable that human contact resources are located in these areas eg care/case management visits and domiciliary care, but how many people that could benefit from telecare through direct support or self care miss out or have fallen of the social care radar as eligibility criteria have been changed? What is the cost of supporting these groups? How do telecare and telehealth make a difference as part of integrated health, housing and social care services?

In Image 4, the commissioning emphasis is on Low/Moderate under FACS who often no longer receive a social care service and the self-management of long term conditions. Local authorities and health trusts are less likely to know who these people are. They are less likely to attend hospital for their long term condition or they used to be Low/Moderate under FACS and no longer receive a service. There could be large numbers in these groups – do you know who they are? What is the cost of supporting these groups? Have you established locally that these preventative care pathways work? Through telecare and telehealth support, can you help prevent someone who was ‘Low’ under FACS being unexpectedly entering a care home at £350+ per week or a smoker with respiratory problems attending hospital four times in the next year with shortness of breath at £1700 to £2300 per hospital stay.

How do telecare and telehealth make a difference as part of integrated health, housing and social care services?
With the Joint Strategic Needs assessment, local authorities, health trusts and their partners will need to look at the whole population. This means using risk stratification tools and high quality baseline data. (References were listed in the December newsletter).

So, do you have the intelligence, record systems, data sharing protocols in place? Do you know how many people have dementia or fell last night and were admitted to hospital?

Increasingly, health, housing, social care and third sector organisations will need to bring their skills and expertise together to address these issues.

Croydon virtual wards approach

Combined predictive model
Link: http://www.networks.nhs.uk/177.php

PARR++
Link: http://www.kingsfund.org.uk/current_projects/predictive_risk/patients_at_risk.html
In Image 7, Have you identified the care pathways where telecare and telehealth make a difference and embodied service options for use by care managers, community matrons and other service commissioners and providers?

1.2 Costing and charging

If you plan to charge for telecare services from April 2008, you should have your arrangements in place and signed off ready to implement.

For the first year of telecare implementation, many organisations decided not to charge in order to build their numbers of users and sort out technical and other problems.

Charging (From Building Telecare in England, DH, July 2005)

Where, as a result of a community care assessment, telecare equipment is provided by a local authority as an aid for the purposes of assisting with nursing at home or aiding daily living, it should be provided free of charge. (1)

A charge may be made for the service elements (revenue) of telecare. Charging should be in line with local Fairer Charging and Fairer Access to Care Services (FACS) policies.

Where it is part of the local strategy to provide telecare packages to people who are not assessed as requiring them as an aid for the purposes of assisting with nursing at home or aiding daily living, for instance as a preventative service, a charge can be made for the equipment and the service (revenue) elements. In these instances the FACS means test can be used, in the same way as for Supporting People charging assessments.

Where telecare is part of a joint package of health and social care providers will need to agree their respective responsibilities and charge accordingly.

(1) See the Community Care (Delayed Discharges etc.) Act (Qualifying Services) (England) Regulations 2003 (S.I. 2003/1196). This applies only to aids provided after 9th June 2003.

Web link:
Charging is of course a local decision – local authorities have powers to charge for certain social care services.

However, it needs to be carefully thought through and set out within a legal and equitable framework. Local authorities will be familiar with ‘fairer charging for non-residential services’ and will need to make a decision on how to link telecare charging with other services where appropriate eg domiciliary care, day care.

Charging issues to consider:

- How are charges different for a ‘user-assessed’ service compared with a ‘preventative’ service?
- If telecare is used in a falls programme is it ‘health’ or ‘social care’?
- If medication management/prompts are used as part of a telecare service is it ‘health’ or ‘social care’?
- What happens if the user is on ‘Supporting People’ – how are service charges calculated, what happens about housing benefits, could users end up paying twice?
- Are ‘Installation’ and ‘maintenance’ of telecare counted as ‘equipment’ or a ‘service’?
- How are arrangements made for direct payments and individual budgets?
- What happens if the service is classified as ‘intermediate care’?
- How do ‘self care’ arrangements fit in?
- If charges are too high, will people refuse the service?
- How do you move from a ‘no charge’ pilot into a mainstream service?
- What happens if the user has a financial assessment and the ceiling has already been reached?
- Could there be different service charges for a ‘home visit’ service following an alert?
- If charging did not apply during the pilot period, will it affect a local evaluation and user take-up of services in the long term if a charge is introduced?

See CSIP Telecare eNewsletter for May 2007- www.icn.csip.org.uk/telecarenewsletters

At this time, few telecare providers are making it explicit on web sites and in leaflets that users will not be charged for equipment under certain circumstances (see Building Telecare in England). CSIP has not heard of any challenges to charging policies for telecare in England, however, if charges appear to be high to the user, then it is inevitable that a challenge will follow somewhere over the coming months. Remember, also that Building Telecare in England and the CSCI performance assessment takes a wide view of telecare and would include pendant alarms.

If your telecare sensor charge is higher than your community alarm charge, you may need to explain why if challenged where there is no actual difference in the service provided (eg response/home visit). Effective telecare configurations should reduce the number of alerts in many cases compared to a community alarm, so local authorities need to be clear about any differences in service charges based on numbers and types of sensors to avoid being challenged about charges for equipment (see Building Telecare in England). An example where charging may be different to a community alarm weekly monitoring and response charge is where lifestyle monitoring is in place.

So what could happen if your mainstream services commence in April 2008 and you have not costed your service or if you have not set charges or your charges are too high?
Let’s look at a few scenarios which could possibly apply where local authorities and their partners have not properly prepared for telecare mainstreaming but rapidly progress their Putting People First arrangements for personal budgets.

In image 8, a user has been assessed for ten hours per week of home care. The user’s care is currently included in a block domiciliary care contract. The user opts for a personal budget (PB) and an amount is paid into the user’s PB account. At the moment, the user pays £90 per week in charges to the local authority under the fairer charging for non-residential services arrangements.

A variation to this includes a situation where the direct payment hourly rate is higher (eg £12.00) than the block contract rate for the current domiciliary care provider. If the £11.00 per hour is at the lower end of the rate scales, then the user has no choice unless he/she tops up the amount to change to another provider. Local authorities would need to be clear about direct payment rates.

If a user was receiving telecare at no charge as part of their care plan, the local authority would now have to release an amount equivalent to their weekly service costs into their personal budget so that the user can pay for the service or choose another supplier if they wish. Local authorities may be surprised at the weekly costs of telecare service provision if they have not already calculated them (remember, as it is a FACS-assessed user, Building Telecare in England indicates that users should not be charged for equipment).
In Image 9, a weekly charge currently covered by an SLA/contract with a service provider is now transferred to the user's personal budget account. This impacts on the SLA when the money is taken from the budget transfer to the service provider and also if the user exercises choice and selects another telecare provider. If no charge has been set for telecare, then there is no increase in income to the local authority. If the charge is set too high, users may decide not to continue with the service and ask for the equipment to be withdrawn. If a ceiling is reached under financial assessment, then there may not be a charge for the telecare component. Telecare would include community alarms (see Building Telecare in England).

If a user's care package currently includes telecare and no amount is transferred to their personal budget to pay for the current or new provider and a charge is then made, then users will not have the money to pay a service provider from their account – they will no doubt ensure that their personal care is covered first. This could lead to requests for telecare services to be terminated by vulnerable users who are currently benefiting.

The situation becomes more complex if there is a health service, Supporting People arrangement, intermediate care etc as previously mentioned.

This means it is important that local authorities and their partners fully cost their services and examine all of the scenarios for service provision and charging. It also opens up the possibility of domiciliary care providers who are CSCI registered offering telecare and telehealth services to users as value-added services. It also identifies that local authorities and their partners need to consider seriously how users can access independent advice and guidance when using their personal budgets in future to access telecare services.

What are the current plans in your organisation for implementing ‘Putting People First’ and commissioning telecare for the longer term? e-mail Mike Clark at telecare@csip.org.uk

Note: a fuller discussion on the impact of Putting People First on Telecare Services was included in the December 2007 newsletter:

Telecare eNewsletter - December 2007 (pdf - 614Kb):
http://www.icn.csip.org.uk/nl/?l=181_1_1_1
Telecare eNewsletter - December 2007 (doc - 2.31Mb):
http://www.icn.csip.org.uk/nl/?l=181_1_1_2

1.3 Telehealth, telemedicine and e-Health – just the beginning

CSIP are now receiving weekly and sometimes daily information about telehealth initiatives and the scope and innovation is moving well beyond vital signs monitoring to include disease management, public health management (eg obesity management and smoking cessation) video and text services.

Some early information is available from the White Paper Long Term condition Demonstrator programme as follows:

Links:
http://www.e-health-insider.com/comment_and_analysis/278/2008:_the_year_telecare_grows_up_tcq

Here is a roundup of recent telehealth examples from the UK and around the world.
Note: CSIP does not endorse particular products or services and is not responsible for the content of external web sites.

Roll out of digital technology revolutionizes NHS Patient Care in England – picture archiving and communication systems

Link: http://www.connectingforhealth.nhs.uk/

NHS e-records programme

Link: http://news.bbc.co.uk/1/hi/health/7130627.stm
Birmingham PCT to extend its telephone-based care management programme from 2000 to 27,000 patients

Links:
http://www.ehiprimarycare.com/news/birmingham_pct_to_extend_telecare_to_27,000
http://www.ehiprimarycare.com/img/document_library0282/BirminghamOwnHealth_-_successes_and_learning_from_the_first_year.pdf
www.hicsg.bcs.org/~careadmin/16_October_Telehealth_Seminar_Pfizer.ppt

Southampton PCT – ECG monitoring
Links: http://www.wirelesshealthcare.co.uk/wh/news/wk49-07-0006.htm

Mobile Phone Based Services for Obesity Monitoring
Link: http://www.wirelesshealthcare.co.uk/wh/news/wk46-07-0001.htm

National healthcare action plan for Scotland in 2008

Includes references to the Scottish Centre for Telehealth and examples covering access to tumour specialists and other remote diagnostics.


Walsall & Hull use telehealth for COPD and Congestive Heart Failure

Link:
http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=13121

NHS text messaging implemented for 165,000 patients in Hammersmith & Fulham

Link:
http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=10421
Islington PCT uses texts for stop smoking campaign
Link: http://www.ehiprimarycare.com/News/2528/islington_pct_uses_texts_for_stop_smoking_campaign

New tool for managing heart health – American Heart Association and Microsoft
A new partnership between the American Heart Association and Microsoft can help consumers manage their blood pressure and track other health data online.

Microsoft Health Vault – includes links to compatible devices

The cost-utility of a care coordination/home telehealth programme for veterans with diabetes
Link: http://rsm.publisher.ingentaconnect.com/content/rsm/jtt/2007/00000013/00000006/art00010;jsessionid=aap/kac87job7_henrietta

Alberta adds 14 projects to telehealth network - The funded projects include management of intravenous chemotherapy, pediatric surgery consultation, asthma and allergy education, telemental health outreach services, and care for HIV patients.
Link: http://www.canhealth.com/News736.html

Home telehealth in Long Island
Link: http://www.libn.com/article.htm?articleID=41017&cid=0&ei=76Z0R9yoF4ec-wHC34T-Dg

Telemedicine for diabetics focuses on prevention

FCC in USA dedicates $417 million to expanding rural telehealth systems

Lucas Andreas Hospital (Netherlands) – Phillips Motiva

Adoption of telemedicine in Scottish remote and rural general practices: a qualitative study
Link: http://articles.icmcc.org/wpc/?p=1019

Patients’ perceptions of a home telecare system
Link: http://articles.icmcc.org/wpc/?p=932

Mobiles are new health aid
Link: http://www.oxfordmail.net/news/headlines/display.var.1931624.0.mobiles_are_new_health_aid.php

NFC Technology and the delivery of care in the home

US Study estimates potential savings from telehealth technologies

Health text messaging
Link: http://www.dailyherald.com/story/?id=99286&src=120

Southampton Primary Care Trust Diabetes Patient Care - iPoint-media
Link: http://www.pr.com/press-release/64746

Cell Phones Helping To Keep You Healthy

Feasibility of epilepsy follow-up care through telemedicine: A pilot study on the patient's perspective

The future of telemedicine - take the organizational challenge
Link: http://articles.icmcc.org/wpc/?p=1018

German industry group publishes telemedicine standards
Link: http://ehealtheurope.net/news/3302/german_industry_group_publishes_telemedecine_standards

Albertans to monitor own health status using cellular technology
Link: http://www.alberta.ca/home/NewsFrame.cfm?ReleaseID=/acn/200712/22760E8BEE0BC-DB7C-2380-27577D6B7FFCB69.html

Using robotic teleconferencing to monitor patients after urologic surgery

Cellular telemonitoring system

Walsall Primary Care Trust – diabetes management – t+medical

Glucose monitoring

Cancer care by mobile

Smart technology developed to monitor wearer’s vital signs
Link: http://www.technical-textiles.net/htm/f20071125.716561.htm

Digital Healthcare provides software for national retinal screening service

Sheffield PCT – COPD management
Link: http://www.ukprwire.com/Detailed/Health_Wellbeing/Telehealth_Specialist_Tunstall_Teams_up_with_Sheffield_Primary_Care_Trust_to_Celebrate_World_COPD_Aw_12033.shtml

Hotspots for COPD
Weather forecast information and COPD
Bradford and Airedale Teaching Primary Care Trust is one of the first in the country to work with the Met Office to pilot a system to alert people suffering from Chronic Obstructive Pulmonary Disease (COPD) about cold weather.
Link: http://www.thetelegraphandargus.co.uk/news/newsindex/display.var.1870243.0.forecast_is_brighter_for_vulnerable_patients.php

COPD patients use BlackBerrys to send reports on their health to researchers
Links: http://canadianpress.google.com/article/ALeqM5guymCGGvPlibe9i2O3FEZ18Ztriw

The cost of moderate and severe COPD exacerbations to the Canadian healthcare system
Links:
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WWS-4RD44BS-1&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=50fa613b0f80eb3dfa7a0791101b6f
http://www.theglobeandmail.com/servlet/story/RTGAM.20071120.wlcopd20/BNStory/specialScienceandHealth/home

Impact of Chronic Obstructive Pulmonary Disease on Long-Term Outcome of Patients Hospitalized for Heart Failure
Link:
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T10-4RD9FJ1-6&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=68a1b4739c68d4ea962b8a32ba4fffc3

Valley Care – heart failure monitoring in Northumberland
Link: http://www.tunstallresponse.co.uk/assets/literature/Telecare%20Times%20issue%2028.pdf

Telehealth and diabetes – recent reports

Lose weight with remote monitoring
Link:

Health booths in Scotland

Telehomecare and remote monitoring technologies
Link: http://www.advamed.org/MemberPortal/About/NewsRoom/NewsReleases/pr-10-30-07-telehomecare_remote_monitoring_report.htm

Central Surrey and COPD
Wrap up warm in Scotland with help from telemedicine

What Is Telemedicine? A Collection of 104 Peer-Reviewed Perspectives and Theoretical Underpinnings
Link: http://www.liebertonline.com/doi/abs/10.1089/tmj.2006.0073

Severe Comorbidities Lead to Neglected Diabetes Self-Care
Link: http://www.medpagetoday.com/Endocrinology/Diabetes/tb/7399

Cancer Patients May Benefit from Reporting Symptoms Online in Real Time
Link: http://www.mskcc.org/mskcc/html/82473.cfm

Heart check-ups by phone offered over Christmas in Manchester
Link: http://www.ehiprimarycare.com/news/3324/heart_check-ups_by_phone_offered_over_christmas

Telehealth Research Group in Bucks
Link: http://bucks.ac.uk/about/structure/faculties/society_and_health/faculty_research/telehealth_research_group.aspx

California’s commitment to Health Information Technology under their comprehensive health care reforms


The next newsletter will provide an update of sites around the country working on telehealth and link to a new CSIP Networks telehealth briefing.
1.4 Telecare support for people with dementia

27 December 2007 saw the debate spring into action about ‘electronic tagging’ with a statement from the Alzheimer’s Society.

The Department of Health has said: “We welcome the debate around safer walking technology and look forward to hearing people’s views on this from the Alzheimer’s Society.”

It will be interesting to see how this debate develops as we also move into the areas of implants which could support a wide range of health and social care scenarios including dementia support, insulin pumps, nerve stimulation for stroke etc.

This issue will become an important one for the Government’s planned Dementia Strategy for Autumn 2008.

What approach has your organisation taken to handling ethical and consent issues for telecare and other assistive technology devices? Let us know by contacting Mike Clark at telecare@csip.org.uk and we will build your feedback into the CSIP Networks input into the Dementia Strategy.

Note: CSIP does not endorse particular products or services and is not responsible for the content of external web sites.
News Links:
http://news.bbc.co.uk/1/hi/health/7159287.stm
http://www.timesonline.co.uk/tol/life_and_style/health/article3097496.ece
http://www.dailymail.co.uk/pages/live/articles/health/thehealthnews.html?in_article_id=504694&in_page_id=1797
http://www.guardian.co.uk/society/2007/dec/27/longtermcare.socialcare
http://www.guardian.co.uk/society/2007/dec/28/longtermcare.socialcare
http://blogs.guardian.co.uk/oeпублиc/2007/12/dementia_tagging_is_the_way_ah.html
http://www.allheadlinenews.com/articles/7009554583
http://news.scotsman.com/uk/Charity-backs-dementia-patient-tags.3621482.jsp

Alzheimer’s Society statement:

Use of RFID:

Implants:
http://www.verichipcorp.com/content/solutions/wander_prevention
http://www.newswhitviews.com/McIntyre/SA6.htm
http://www.businesswire.com/portal/site/google/index.jsp?ndmViewId=news_view&newsId=20071205005583&newsLang=en

California legislation on implants:
http://www.aroundthecapitol.com/Bills/SB_362/
http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_362&sess=CUR&house=B&author=simitian

Project Lifesaver – USA:
http://projectlifesaver.org/public_html/aboutus.htm
http://www.denverpost.com/opinion/ci_7643183
http://www.favobserver.com/article?id=278964

Device examples (see also NHS PASA framework for telecare):
http://www.prnewswire.co.uk/cgi/news/release?id=184581
http://www.hoise.com/vmw/06/articles/vmw/LV-VM-12-06-31.html
http://www.wherify.com/wherifone/
http://www.wanderingindementia.com/index.html
http://www.justchecking.co.uk/
http://www.tunstall.co.uk/main.aspx?PageID=44
http://www.vivatec.co.uk/dementia_wandering.html

The Scottish Telecare Learning Network have a draft factsheet on ethics and assessment based on their workshop that was held in October 2007. Link: http://www.jitscotland.org.uk/action-areas/themes/telecare/learning-network.html

ATdementia
http://www.atdementia.org.uk/

Radio tagging ethic needed:

The Emerging Ethics of Humanentric GPS Tracking and Monitoring:
http://csdl2.computer.org/persagen/DLAbsToc.jsp?resourcePath=/dl/proceedings/&toc=comp/proceedings/icmb/2006/2595/00/2595toc.xml&DOI=10.1109/ICMB.2006.43

Children/school pupils:
http://news.bbc.co.uk/1/hi/technology/4268203.stm
http://www.tech.co.uk/gadgets/phones/mobile-phones/news/kids-mobile-keeps-tabs-on-them-at-all-times?articleid=1926445250

1.5 Good practice for medication support using telecare and other devices

Does your telecare programme include AT medication support for people with dementia, long term conditions, sensory impairment or difficulties with handling tablets? CSIP are currently bringing together examples of good practice for medication support using remote monitoring and standalone devices. We would be interested in hearing how your local programmes are working, arrangements for filling dispensers and handling alerts. Contact Mike Clark at telecare@csip.org.uk
a) **Generic choice model for long term conditions**

References are made to telecare and telehealth in this important document.


b) **NHS Institute for Innovation and Improvement**

Links:

Update from Mike Clark, CSIP Networks

The scheduled CSIP events are as follows and booking will shortly reach the maximum numbers for most of the sites:

<table>
<thead>
<tr>
<th>Venue</th>
<th>Date</th>
<th>Places Remaining at 31/12/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>24 January 2008</td>
<td>14</td>
</tr>
<tr>
<td>Leeds</td>
<td>29 January 2008</td>
<td>13</td>
</tr>
<tr>
<td>Manchester</td>
<td>4 February 2008</td>
<td>17</td>
</tr>
<tr>
<td>Taunton</td>
<td>7 February 2008</td>
<td>39</td>
</tr>
<tr>
<td>Birmingham</td>
<td>12 February 2008</td>
<td>17</td>
</tr>
</tbody>
</table>

Link: http://www.icn.csip.org.uk/index.cfm?pid=476&sectorID=170

Some of the events are proving popular and we may have to restrict some requests where a number of people are registering from the same organisation. Around 325 people have now booked so it is important to make your arrangements as soon as possible. We are monitoring the lower take-up for the Taunton event with 36 booked at this time, but places at the other sites are moving quickly. One discussion option for the Taunton event is to launch a longer term telecare and telehealth forum covering the South West - are you interested?.

The main aim of these five events is for organisations to share the impact of their services on stakeholders and hear what others are doing from neighbouring areas since the publication of Building Telecare in England in 2005. In addition, attendees will hear more about telehealth and the best practice approaches that will take local authorities, health trusts, third sector and partner organisations into the future as telecare and telehealth move towards mainstream services.

The outcomes events are about:

- Redesigning and restructuring services to include telecare and telehealth options
- Developing new ways of partnership and integrated working through telecare and telehealth
- Promoting care closer to home, dignity and choice using telecare and telehealth
- Adjusting care pathways to include cost-effective AT solutions
- Identifying implementation barriers and how they have been overcome
- Progress made with learning disability and other service users who are now benefiting from telecare solutions
- Balancing FACS-eligible, preventative, targeted and self care approaches
- Working with suppliers to develop innovative solutions to local problems
- Introducing self-assessment and supported self directed care, direct payments, personal budgets
- Identifying sensor configurations that are effective for dementia assessment and support
- Obtaining initial evaluations on vital signs and long term condition monitoring
- Reviewing AT arrangements for preventative services to include telecare and telehealth
- Extending housing schemes with telecare support
- Identifying and overcoming barriers to user acceptance of technology
- Examining impact on carers
- Establishing locally whether telecare has an impact on care home and hospital admissions
- Providing training and awareness to a wide range of stakeholders as well as longer term workforce issues
- Identifying individual outcomes and service cost-effectiveness
People who will be attending the events will receive an e-mail asking about their outcomes and achievements. This allows local authorities and their partners to review their progress and make adjustments as they mainstream care options in 2008 as part of health, housing and social care services.

Here is the current wording for the questions that we are using for the five events.

<table>
<thead>
<tr>
<th>Your Organisation</th>
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</thead>
<tbody>
<tr>
<td>1) What outcomes have been achieved by your organisation since 2005/6 following Building Telecare in England (2005) and the Preventative Technology Grant (2006)?</td>
</tr>
<tr>
<td>2) If you are commissioning or providing services for users, patients and carers, how do you plan to mainstream services and make them sustainable in 2008 and beyond?</td>
</tr>
</tbody>
</table>

We are not expecting full-blown evaluations but sometimes these can help in providing an external review and objective assessment of your work. We would like to see ‘outcomes’ for the investment you have made locally. Service redesign examples are as important as numbers of new users.

Local authorities and their partners will remember that the 2006 CSCI performance assessment covered ‘description of the service’. The descriptions are included in each local authority’s telecare profile included at www.icn.csip.org.uk/telecareprofiles and were listed in the November newsletter. All telecare profiles will by 2 January 2008 include the November social care star ratings and CSCI comments on Telecare – these are also included at the end of this newsletter.

The programmes for the events are now being finalised and will be available around 7-10 days before the events. The programmes for each event will differ.

**The morning programmes will generally include:**

- Summary information on progress in the area/regions generally covered by the event from CSCI data
- Feedback from local networks and groups
- Examples of local progress and developments from around the country on outcomes eg FACS eligible users, dementia support, falls programmes, telehealth, self care, preventative approaches, using remote monitoring and standalone AT approaches for a wider group of service users
- The challenges of mainstreaming and ensuring services are sustainable

There will be an opportunity for delegates to speak about their local achievements from the floor as well as from the platform. We would encourage all organisations to contribute. Please also bring along examples of your leaflets, evaluations etc – we will add this type of information to the CSIP web site.

**The afternoon programmes will generally include:**

- Future vision for telecare and telehealth including the developing programmes for the demonstrator sites as they commence in Spring 2008
- The importance of commissioning, Putting People First, risk stratification
The developing interest in telehealth
Quality standards in telecare
Connectivity, standards, interoperability, data sharing and records

Not all of the speakers will be covering all of the sites so input will vary and the later events will get some coverage of the earlier events. These details are currently being finalised.

If there is an aspect of telecare and telehealth you would like to make reference to or wish us to cover in the events please contact Mike Clark at telecare@csip.org.uk by 14 January 2007.

4 Telecare Services Association (TSA) Codes update

**Information provided by Paul Gee and Marian Preece from TSA**

TSA reports that work on the review and updating of the TSA Code of Practice for Telecare is progressing well and is on target to launch the revised code in May 2008.

The main part of the project on drafting a new Code is nearing completion. This work has included consultation with a large numbers of key stakeholders, via one to one meetings, focus groups and a well attended workshop for key stakeholders, as well as comments and feedback via a web-based questionnaire. The consultation included meeting with industry representatives, service providers, service users and carers as well as members of the DH, NHS PASA and DCLG.

The first draft of the revised Code has been agreed in December 2007 by the TSA board and it will be circulated to TSA Members early in the New Year for consultation.

Comments and feedback will be invited on the revised Code ahead of its final revision and formal launch in May 2008. The launch will be accompanied by a series of workshops and training days for TSA Members who are already accredited so that they can move quickly and easily to the new standards.

Angela Single, CEO of Choose Independence who are undertaking this work, said “We are very excited about the content of the revised Code. We have engaged with a wide range of key stakeholders in its revision and this has been a key element in drafting a Code that reflects today’s rapidly developing Telecare marketplace. This will ensure TSA’s Code accredited Member Organisation’s continue to deliver high quality services that are focused on the needs of the individual, and supports commissioners of Telecare services”.

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**CSIP Telecare eNewsletter January 2008**
A full list of telecare references from the 2007 CSCI letters to 150 social care authorities is included in Appendix 1 to this newsletter. (CSCI letters were published on 29 November 2007 and are available from http://www.csci.org.uk/default.aspx?page=1090).

Telecare references are appearing in coverage of star ratings announcements:

**Bolton**

Telecare services praised in Bolton

Link: http://www.boltonnews.co.uk/display.var.1868907.0.adult_care_services_awarded_three_stars.php

**Kirklees**

“The key strengths include: ……Telecare options expanding to meet the needs of older people with dementia, for example the Carephone Home Safety Service”

Link: https://www.kirklees.gov.uk/community/health-care/highfive.shtml
Milton Keynes

"Telecare, that monitors the health signs of people in the home, was singled out by the watchdog as a project that was helping people to stay out of hospital by alerting nurses to doctors to potential health issues earlier".


Trafford

The significant rise in people using direct payments, which give choices about what support they receive and how, together with increases in the number of homes where high tech 'telecare' equipment is installed, both of which provide greater independence and confidence were welcomed by the inspectors.

From time to time, Mike Clark from CSIP Networks provides links and news from around the UK and around the World. Here are some more examples:

**Warwickshire**

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**Link:**
http://www.warwickshire.gov.uk/Web/corporate/pages.nsf/Links/F62CE18D0D676FD4802573AA004B849B

**Fuzzy logic could aid monitoring and decision support in care for the elderly**

*Link:*

**SMART2 - Self Management supported by Assistive, Rehabilitation and Telecare Technologies**

*Link:*
http://news.ulster.ac.uk/releases/2007/3525.html

**Phillips acquisitions and links – Emergin, Visicu, Respironics**

*Links:*
http://www.wirelesshealthcare.co.uk/wh/news/wk49-07-0003.htm


http://www.newscenter.philips.com/about/news/press/20071221_pressrelease_respironics.page

**Bosch Group and Health Hero Network**

*Links:*
http://news.websitegear.com/view/33317


**New assistive technologies course at Coventry**

*Link:*
http://www.coventry.ac.uk/newsandeventsarchive/a/4010/$/selectedYearId/selectedMonthId/tab/news

**Little evidence that falls prevention for elderly is effective**

*Link:*
http://www.onmedica.com/NewsArticle.aspx?id=e6e92484-9178-4e3c-8f1e-94d9c9822d9e
Barnsley

[Image of Barnsley Central Call]

Link: http://www.barnsley.gov.uk/bguk/Health_Wellbeing_Care/Services_for_Adults/Home_Care_Service/Telecare.htm

Nurse call technology
Link: http://www.wirelesshealthcare.co.uk/wh/news/wk46-07-0005.htm

Harrow Helpline

Bromley
Link: http://www.bromley.gov.uk/socialcareandhealth/Help+for+adults/Home+care/care_link.htm

Bucks
Link: http://www.buckscc.gov.uk/bcc/content/index.jsp?contentid=406272912

Hartlepool Telecare - TV example

Herefordshire
http://www.muchbirchparish.org.uk/Herefordshire_Matters_Sept07.pdf - see medication example

Leeds monitoring service celebrates birthday
Telecare in Lincolnshire

Links:
http://microsites.lincolnshire.gov.uk/section.asp?docid=53805
http://www.lincolnshire.gov.uk/section.asp?catid=13276

Telecare information for health care professionals in Oxfordshire

Link:
http://www.notimetowaste.org.uk/wps/portal/publicsite/kxml/04_Sj9SPykssy0xPLMnMz0vM0Y_QjzKL94k3Mg8FSZnFO08WHOpHogtZIoR8PfJzU WD9L31AQLckMiyh0dFQEnurQ-delta/base64xml/L3dJdyEvd0ZNQUFzQUMvNEIVRS82X01fMU9C?WCM_GLOBAL_CONTEXT=http://apps.oxfordshire.gov.uk/wps/wcm/connect/Internet/Council+services/Health+and+social+care/Older+people/Staying+in+your+own+home/SHC+++OP+++telecare+staff+info

Veterans Affairs – American TV clip
Link: http://www.abcnews.go.com/WN/story?id=3991225&page=1
Falls in elderly
Link: http://news.bbc.co.uk/1/hi/health/7079647.stm

Falls in Australia
Link: http://www3.griffith.edu.au/03/ertiki/tiki-read_article.php?articleId=11521

Internet provision of tailored advice on falls prevention activities for older people: a randomized controlled evaluation
Link: http://www.safetylit.org/citations/index.php?fuseaction=citations.viewdetails&citationIds%5B%5D=citjournalarticle_60018_30

Cellphones and vital signs monitoring
Link: http://www.theglobeandmail.com/servlet/story/RTGAM.20071218.wlalberta18/BNStory/specialScienceandHealth/home

Consumer Health Awards – Cardiocom
Link: http://www.sys-con.com/read/471835.htm

Lancashire survey
GOING into a care home and losing your independence is the greatest fear for people in Lancashire when they hit old age. Research carried out by Lancashire County Council found that 67 per cent of those aged over 65 said having to move into a residential or nursing care home was the most important aspect they wanted to avoid in older age.
Link: http://www.blackpoolgazette.co.uk/blackpoolnews/Elderly-fear-39going-into-home39.3594429.jp

ICT networks prerequisite for healthcare at home

Wolverhampton

Residents moving into supported living scheme
Published: 29 November 2007

A new supported living scheme in Wolverhampton which will help people with a learning disability to live more independent lives is about to open its doors.

Residents moving into the two bungalows and four apartments that make up the development in Church Street, Heath Town, over the next fortnight.

Built by Wolverhampton City Council in partnership with Un愤ted Housing Group, Church Street will offer state-of-the-art accommodation.

Kathy Ripley, Wolverhampton City Council’s learning disability joint commissioning officer, said: “Everybody is really excited about it and people just can’t wait to move in.

“The scheme is all about encouraging people to be as independent as possible – learning skills like looking after themselves and their flat, paying their bills including rent and food, being a good neighbour and being a part of the community.”

Wendy Stephens, regional head of supported housing at Bromford, added: “Giving customers the opportunity to become as independent as they want to be has been the focus in planning our services.”

Three residents will move in from the council’s outdated Holloway House, which will subsequently close, while the remainder will be able to move out of the family home, perhaps for the first time, and live more independent lives.

“The bungalows and flats are also fitted with hi-tech Telecare sensors which will alert carers if, for instance, someone has a fall or an epileptic seizure”.

Idea for hi-tech care in the community wins first prize in UK Satellite Navigation Challenge

Remodelling sheltered housing and residential care homes to extra care housing: Advice to housing and care providers
Link: http://www.kcl.ac.uk/content/1/c6/02/96/45/remodellingadviceversion151007.pdf

Delivering Telecare in Dorset – factsheet
Link: http://www1.dorsetcc.gov.uk/CARING/Leaflets.nsf/dc5abe9cf494f6988025691c004b93b4/2424ed6e4904a980802573b10041bc5a/$FILE/Delivering%20Telecare%20in%20Dorset.pdf

Herefordshire

Links:
http://www.herefordtimes.com/news/latest/display.var.1931657.0.friendly_voice_on_the_phone.php
http://www.herefordshire.gov.uk/health/social_services/32256.asp
Stand up against falls

North Yorkshire

Link: http://www.acislington.org.uk/pdf/standup_against_falls.pdf


News services:


http://www.telecareaware.com/


http://tie.telemed.org/news/#item1598
a) CSIP Telecare events

<table>
<thead>
<tr>
<th>Venue</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>24 January 2008</td>
</tr>
<tr>
<td>Leeds</td>
<td>29 January 2008</td>
</tr>
<tr>
<td>Manchester</td>
<td>4 February 2008</td>
</tr>
<tr>
<td>Taunton</td>
<td>7 February 2008</td>
</tr>
<tr>
<td>Birmingham</td>
<td>12 February 2008</td>
</tr>
</tbody>
</table>

b) Housing LIN events – booking now available:

- 16/01/08 South West Regional Housing LIN Meeting
- 31/01/08 West Midlands Regional Housing LIN Meeting
- 28/02/08 North West Regional Housing LIN Meeting
- 10/04/08 West Midlands Regional Housing LIN Meeting


The Foundation for Assistive Technology (FAST) provides a full listing of forthcoming telecare events – see [http://www.fastuk.org/services/events.php?pg=2](http://www.fastuk.org/services/events.php?pg=2). Suppliers also run telecare and telehealth events – check their web sites regularly for dates.

All previous telecare eNewsletters are available at: [www.icn.csip.org.uk/telecarenewsletters](http://www.icn.csip.org.uk/telecarenewsletters)

**CSIP Telecare Services**

You can send comments and questions about the CSIP Implementation Guide, factsheets or other resources or contact us via telecare@csip.org.uk. Also, use this mailbox to send in good practice examples.

If you or a colleague would like to receive future copies of the newsletter then all you need to do is register at [http://www.icn.csip.org.uk/index.cfm?pid=12](http://www.icn.csip.org.uk/index.cfm?pid=12)
Appendix 1 – CSCI summaries covering Telecare comments in the local authority letters (29 November 2007) together with 2007 star ratings


CSCI report that implementation of telecare is generally good, so not all local authorities have a specific comment in their letter.

**Barking and Dagenham – 3 Stars**

**Barnet – 2 Stars**
Carer’s assessments increased and telecare products are available to carers

Telecare provision is below the London average level, and the council needs to continue to focus on developing a robust ‘Telecare’ service in 2007/08.

**Barnsley – 3 Stars**

Key strength - the good level of telecare support

The independence of almost all people is promoted consistently as evidenced by a good performance on the indicators, the work on individual budgets, direct payments and telecare

**Bath & North East Somerset – 1 Star**
There is an increase in Telecare provision this year

Plans for delivering Telecare next year are low, especially that provided with partners

People living in the council area are much more likely to receive Telecare items this year but the provision is comparatively expensive in the council area.

Plans for next year will not increase the numbers of new people receiving Telecare equipment in line with other councils and the council is not developing this service sufficiently with partners.

**Bedfordshire – 2 Stars**
The independence of some older people has been promoted through the expansion of the telecare service and there is evidence that this is having a positive impact on the quality of life of those accessing the service.

Key strength - expansion of telecare services.

The independence of most people who use services and their carers is promoted within a range of services. In particular, the development of telecare has enabled people to live their lives in the way they choose

**Bexley – 3 Stars**

Key strength - progress made on increasing use of telecare

There was an increase in the number of new older people using telecare and the council is hoping to extend an existing telecare pilot project for frail older people and people with dementia during the coming year.
Birmingham – 2 Stars
Intensive home care support services such as telecare, delivery of equipment and waiting times for minor adaptations are helping people to live independently in the accommodation of their choice; there is an increase in the rate of direct payments used to purchase complex packages of care.

Blackburn with Darwen – 2 Stars
Telecare is contributing to improved outcomes in terms of independence and privacy and dignity for both older people and people with learning disabilities.

Blackpool – 2 Stars
Key strength – development in provision of telecare.

Area for improvement - promote use of Telecare
Preventative services including telecare, falls prevention strategies, home security services and intermediate care are leading to improved outcomes for people, including an improved perception of safety.

The council is making good progress in relation to preventative services, including increased provision of telecare and home security services.

Overall, during 2006-07, the council has provided more telecare than planned, though provision is lower than in comparator councils and the proposed increase of 80 older people to use the service, is also lower than other councils. The council has demonstrated the positive impact the provision of Telecare has on the outcomes of those receiving the service and is also piloting telehealth care jointly with the Primary Care Trust.

Area for improvement - the council is aware of the need to continue its focus on the provision of Telecare and plans to continue to ensure that the service is accessible by promoting its use through the appointment of a Telecare Champion.

The development of further preventative services including extra care housing, telecare and intermediate care should enable more people to live independently and reduce admissions further.

Bolton – 3 Stars
Key strength - expansion of the telecare service.

The council promotes the independence of people who use services and there is evidence that preventative strategies and services including use of Telecare, falls strategies, intensive home care and the provision of equipment and adaptations are improving the quality of life for people living in Bolton.

The independence of adults and older people has been promoted through the expansion of the telecare service and there is evidence that this is having a positive impact on the quality of life of those accessing the service.

Bournemouth – 2 Stars
Telecare services have been developed and are available to a good number of people, with a particular concentration on assisting people with dementia.

Bournemouth is clearly committed to supporting older people to remain independent, for example developing a good extra care housing scheme, increasing intensive home care and developing telecare services.

Bracknell Forest – 2 Stars
There is a major shift in the in house provision of Telecare equipment but no provision in partnership with other agencies and council planned expenditure and total planned expenditure is below similar councils and England average.
Bradford – 2 Stars

Brent – 2 Stars
Key strength - high rates of 'telecare' provision

Brighton and Hove – 3 Stars
Area for improvement - a range of Telecare services are available, although this area could benefit from further expansion and development.

Bristol – 2 Stars
Key strength - telecare is becoming more accessible

Telecare is becoming more accessible to older people in Bristol however opportunities to work in partnership with other agencies are not being used as much as in other councils.

Bromley – 2 Stars

Buckinghamshire -2 Stars
Area for improvement - the development and expansion of telecare

Bury – 1 Star
There has been a notable increase in the provision of ‘telecare’ support

More people were able to purchase intensive home care by using Direct Payments and from October 2006, there was a notable increase in the provision of ‘telecare’ support.

Calderdale – 2 Stars
Key strength - cost effective telecare provision

Additional preventative and support services such as telecare are also improving support.

Cambridgeshire – 1 Star

Camden – 3 Stars
There is good use of telecare equipment for older people and appropriate development of extra care housing provision has enhanced independence

Key strength - increased telecare provision

Cheshire – 2 Stars
Key strength - increased provision of telecare services

City of London – 3 Stars

Cornwall – 1 Stars
Cornwall’s spend on Telecare services, equipment and infrastructure was lower than planned because of recruitment difficulties, which led to all projects slipping three to six months behind their original schedule.

Coventry – 3 Stars

Croydon – 3 Stars
Telecare is being effectively promoted through the council’s partnerships with a range of organisations and further growth is expected following good progress this year. The council’s successful POPP funding bid is being used to
more widely publicise new social care developments including Telecare and to promote access to advice, prevention and self-directed services.

Strong partnerships with Croydon Careline, the London Fire Services and service providers to ensure Telecare provision is cost effective and meets individual need

**Cumbria – 1 Stars**

Delivery of specific improvements, such as the development of telecare and Improved compliance with reviewing requirements demonstrate the council’s strengths in project and performance management, but the effective use of management information is still hampered by legacy issues which make comparison over time problematic

**Darlington – 3 Stars**

**Derby – 2 Stars**

**Derbyshire – 3 Stars**

Area for improvement - further development of Telecare

Telecare is in the early stages of Implementation and should be closely monitored.

There were also examples demonstrated to the council that evidenced that there needed to be some further work on the language used to describe services – Telecare and direct payments were mentioned but not understood by all.

**Devon – 2 Stars**

Area for improvement - the utilisation of Telecare equipment by the council has increased, but needs to grow further to catch up with comparative councils.

The utilisation of Telecare equipment by the council has increased, and the approach recently reviewed. Overall levels of provision, particularly the joint delivery of Telecare services, need to grow further to catch up with comparative councils.

**Doncaster – 1 Stars**

Key strength - the development of a telecare strategy

There has been work in year to develop a telecare strategy, and provision is in line with comparators, however, the planned level of investment is low.

**Dorset – 1 Star**

**Dudley – 3 Stars**

Key strength – assistive technology/Telecare provision

**Durham – 2 Stars**

The introduction of Telecare services has not been as speedy as was anticipated and staff are being encouraged to discuss the available options with people who use services.

Area for improvement - the introduction of Telecare services

**Ealing – 3 Stars**

Key strength - falls strategy is in place and the Telecare Strategy is well planned

Areas for improvement - numbers of people supplied with Telecare equipment need to be increased

The numbers of people provided with Telecare equipment are low. However the Falls Strategy is in place, the Telecare Project is well managed and the numbers provided with equipment is set to improve for 2007/08.
East Riding of Yorkshire – 2 Stars
Key strength - development of Telecare services.
The amount and range of Telecare provided is significant with further plans to extend.

East Sussex – 1 Star

Enfield – 1 Star
Key strength - use of telecare
Large increase in use of telecare
Telecare has very significantly increased and with positive service user feedback.

Essex – 3 Stars
Areas for improvement - the provision of telecare should be increased.
As planned the council should increase the provision of telecare.
Delays in the bids for partnership funding have Areas for impacted on the provision of telecare which is relatively low.

Gateshead – 3 Stars
Key strength - more people provided with telecare services and equipment.
The council have provided more items of telecare equipment than planned. Expenditure on infrastructure remains high (upgrading of system technology), although expenditure on equipment is planned to reduce.

Gloucestershire – 2 Stars
Key strength - there is evidence of trust between the Council and PCT; joint posts have been created (Director of Public Health, six General Managers and three joint commissioning posts, joint funding of telecare.
Area for improvement - the council should provide more telecare to support people living at home.
The completion of this plan will be a key factor in implementing Hackney's ambitious strategic goals (e.g. prevention through Telecare and extra care; rapid expansion of individual budgets; shifting the balance of care).

Greenwich – 1 Stars
Key strength - Good use of telecare
The use of telecare is above that of similar councils with spend on equipment amongst the highest in London.

Hackney – 2 Stars
Key strength - Increase in telecare activity
Telecare activity increased significantly. The Council planned to link the potential of Telecare with other preventive and re-abling service innovations such as extra care and dementia support.
The completion of this plan will be a key factor in implementing Hackney's ambitious strategic goals (e.g. prevention through Telecare and extra care; rapid expansion of individual budgets; shifting the balance of care).

Halton – 3 Stars
Key strength - Increased provision of telecare services
**Hammersmith and Fulham – 3 Stars**
Key strength - provision of Telecare

The amount and range of Telecare increased steadily; a pilot began for people with dementia and accelerated take-up is expected in 2007.

**Hampshire – 3 Stars**
Area for improvement - the provision of telecare

The council are aware that they need to develop a partnership approach to the delivery of telecare services and significantly increase the availability.

**Haringey – 1 Star**
…however, deployment and usage of ‘Telecare’ was effective.

**Harrow – 1 Star**
Area for improvement - numbers in receipt of telecare

The council need to consolidate the improvement in the use of telecare to support older people, as this still remains below the London average.

**Hartlepool – 2 Stars**

Other feedback gathered through consultation has influenced a range of policies and schemes, including the Hartfields extra care project, the Telecare scheme, the transport plan, and user accredited interview and recruitment.

**Havering – 1 Star**

The Council had made progress in reconfiguring intermediate care resources, and had identified options for embedding a more preventive approach (e.g. linking roll-out of telecare with extra-care housing and intermediate care developments, which was already happening at Painesbrook Court).

Key strength - developments in telecare

Extra-care housing activity was linked with the significant development of telecare.

The provision of extra-care housing increased through the opening of Ethelburga and Painesbrook Courts, with links with telecare and PCT inputs.

Telecare developments were positive. They included 21 complex, diversionary applications for individuals

**Herefordshire – 1 Star**

Work has been ongoing with self-assessments for minor adaptations and telecare services, people who have been involved have found this successful however this needs to be linked into the overall engagement plan to enable this to be promoted with more people and carers. The council needs to build on this to enable the scheme to be expanded.

Key strength - the roll out of self assessments for minor adaptations and telecare services

**Hertfordshire – 3 Stars**
Area for improvement - continue to develop intermediate care and telecare.

The number of people benefiting from telecare has increased through the Preventative Technology Grant. In partnership with other agencies, the number of people benefiting from telecare is above similar councils.
Hillingdon – 2 Stars
Key strength - The number of people receiving Telecare and assistive support packages is high.

The use of Telecare and assistive support is good.

The Telecare service will be used to test whether the council can help older people with dementia remain in the community.

Telecare assistive packages minimise falls and decrease time in responding to an incident of a fall.
The number of people provided with Telecare equipment has continued to increase through effective joint working.

Hounslow – 3 Stars
Area for improvement - numbers of people provided with Telecare equipment
Considerably lower than projected numbers of people have been supplied with Telecare equipment in their own homes. Although projections for 2007-08 outturns indicate this is set to improve, the current outcome is low.

Isle of Wight Council – 2 Stars

Isles of Scilly – 1 Star
Area for improvement - service modernisation needs to continue so that disabled adults and older people are provided with support to continue living independently in their own homes for as long as possible. Telecare is one area which needs further development.

Islington – 3 Stars

Kensington and Chelsea – 3 Stars
Key strengths - more people receiving Telecare, Telecare used to support carers

Telecare Implementation is at an early stage but there is already evidence of benefits, particularly for people with dementia and their carers.

Kent – 3 Stars
Key strength - The delivery of telecare services to people over 65 is good.

This year telecare services have been specifically developed for the use of people with dementia.

Comprehensive services such as telecare, falls prevention and staff awareness training on aiding independence ensures that appropriate support is provided to enable people to live as independently as possible.

To support the council’s prevention agenda further expansion of telecare services is planned next year and delivery is on target.

Kingston Upon Hull – 2 Stars
Key strength - Successful Implementation of Telecare services

Outcomes are Improved through the delivery of equipment and adaptations and the success of the Telecare and Telehealth systems in encouraging, supporting and giving choice and control to people in managing their own health conditions.

Joint working with the PCT enables work on self care and Telecare and Telehealth

Successful Implementation with evidenced outcomes of Telecare system
Kingston Upon Thames – 2 Stars
Profile raising has progressed through a successful Telecare event for carers in March 2007 and the production of leaflets and newsletters, which promote the role.

Issues of specific relevance to vulnerable adults have been addressed e.g. linking Telecare with community policing and producing information pack key strengths regarding bogus callers.

Kirklees – 3 Stars
Telecare options expanding to meet the needs of older people with dementia

The use of telecare has been expanded to support people with dementia and the council are piloting telemedicine options with the PCT.

There has been significant growth in low level and preventative services and good investment in telecare, extra care facilities and other community based services.

Knowsley – 3 Stars

Lambeth – 3 Stars
Key strength - progress in use of telecare

There has been progress in extending the use of telecare with the council increasing it’s use.

Lambeth is also, in conjunction with a housing association, exploring a greater range of telecare options by developing a show house.

Lancashire – 3 Stars
Key strength - Developments in provision of telecare.

There is evidence of a positive impact on improving the quality of life for people through Telecare and the Falls strategy, and also services to carers becoming more accessible through access to carers’ assessments.

Although the council reports slow initial take up of Telecare, many initiatives during 2006-07 should impact on provision of the service in the coming year. There is evidence that the provision of Telecare is improving the quality of life of people in receipt of the service.

Leeds – 2 Stars
The council acknowledges that its introduction of telecare services has been short of the initial target although there have been over 1,600 installations in 2006/07. It is clear that the telecare component of the preventative strategy is to promote independence and better quality of life. This is evident in that all referrals ask for a summary of alternative outcomes if telecare equipment was not provided. The current data on this suggests that telecare is helping to reduce hospital and residential care admissions.

Preventative and early intervention strategies, including telecare

Continued development of telecare services

Leicester – 2 Stars

Leicestershire – 3 Stars

Lewisham – 2 Stars

Key strength - Increase in the number of new telecare users
The council considers telecare to be a fundamental element of its preventative strategy and following increased spending has increased the number of new telecare users to a level which is now above the London average. New telecare users increasing

Lincolnshire – 1 Star
Area for improvement - Telecare initiatives should be further developed.

The council’s good Telecare initiatives should be developed further to ensure a greater take up of services.

Liverpool – 2 Stars

Luton – 1 Stars
The council has a range of services of reasonable quality, which is assisting in promoting the independence of some service users and carers within the services offered. Further provision of extra care housing and development of telecare and carer’s services will improve outcomes in this area.

Area for improvement - the use of telecare services should be expanded.

Manchester – 2 Stars
Key strength - the amount of ‘telecare’ equipment purchased to assist people to maintain Improved independence and safety at home has increased

There is evidence, however, of a very significant increase in the amount of ‘telecare’ equipment purchased during 2006-07 that is assisting many people to maintain Improved independence and safety at home.

Medway – 2 Stars

Merton – 2 Stars
The “Home First” scheme has promoted use of a range of community services, assistive technology and telecare.

Telecare and assistive technology are being promoted.

Increasing use of telecare and assistive technology.

Middlesbrough – 3 Stars
Key strength - development of Telecare services

People in Middlesbrough are being very well supported to continue to live in their own homes and further support through the provision of Telecare service is progressing well.

The council has exceeded its own plans for provision of Telecare services and has done so at a lower cost than expected. Telecare provided in partnership with other agencies has also increased considerably more than originally planned. The council expect to open a new contact centre in September 2007.

Milton Keynes – 2 Stars
The approach to Telecare was thorough and imaginative.

Helping people live at home – including the use of intensive home care and Telecare - was a real Milton Keynes strength.

Older people with significant needs have been helped considerably by thoroughgoing application of Telecare to their circumstances.
Newcastle Upon Tyne – 2 Stars
Area for improvement - Increase the number of people provided with telecare services and equipment. The council provides telecare equipment and services in partnership with Your Homes Newcastle. There have been delays in developing the telecare strategy and subsequent rollout. The strategy is now in place and staff appointments have been made. This should result in an increase in activity and expenditure.

Newham - 1 Stars
Expansion of telecare services and achievement of Telehealth

Area for improvement - ensure developments in extra care housing, and telecare, maximise diversion and prevention. Prevention was pursued through an innovative telecare programme. The integration of telecare with developments in extra care housing provided the foundations for a preventive approach which should be developed further, including through a specific prevention strategy.

Elements of a prevention strategy were in place based on telecare, extra-care housing and a joint falls prevention strategy.

Ensure developments in extra care housing, and telecare, maximise diversion and prevention

Modernisation had included integration with the PCT, prevention through telecare and Social Care Pathfinder and Total Transformation sites

The Council had ambitious strategic goals (e.g. application of telecare; 50% of social care transactions to be through individual budgets within three years). These were embodied initially in outline in a draft strategic commissioning plan.

Norfolk – 2 Stars
Key strength - the range and access to telecare equipment for people using services.

The range and access to telecare equipment for people using services is excellent.

North East Lincolnshire – 2 Stars
Key strength – Implementation and take up of Telecare

To further aid independence, the amount and range of Telecare provided increased and the delivery times of equipment improved

North Lincolnshire – 2 Stars
Key strength - launch of Telecare Services

North Somerset – 3 Stars
Key strength - Increasing numbers of older people are able to use Telecare

Increasing numbers of older people are able to use Telecare services and the council provides more Telecare services than comparators. However, the level of service provided with partners is lower than comparator averages and infrastructure costs are high.

North Tyneside – 2 Stars
Area for improvement - Increase the number of people provided with telecare services and equipment. The council provided less Telecare than other councils. Future plans are for a slight increase but provision will remain less than other councils. Expenditure on infrastructure, equipment and services is low but with an increase planned. The council anticipate significant improvement in telecare during 2008/09 and have plans in place to do this.
North Yorkshire – 2 Stars
Key strength - extended use of telecare

Extensive provision of telecare equipment is another part of the council’s strategy to promote people’s independence. This is also part of its local area agreement with the Government. While, it also innovatively has applied telecare to residential care settings, it is important that the council or providers are not tempted to use this as means of reducing staff numbers within these settings. It is also difficult to see how the use of telecare in these settings is a means of promoting independence.

It is evident that there is considerable work being done to identify carers and engage them so as to support them in the care they provide. This is also linked to the creative work being undertaken through telecare. Key strength - innovative work being undertaken through telecare

Northamptonshire – 1 Star
Key strength - good extra care and telecare.

There is a good extra care infrastructure in place and good provision of telecare to help support people to remain and feel safe at home.

Northumberland – 2 Stars
Area for improvement- the Implementation and countywide roll out of the telecare strategy.

The council has been slow in implementing its telecare strategy. Full development of the service, including Countywide roll out has been problematic.

Nottingham – 2 Stars

Nottinghamshire – 2 Stars

Oldham – 2 Stars
Key strength - the increased provision of telecare

Oxfordshire – 2 Stars
Although there is provision of Telecare items to older people and the expenditure on equipment was greater than similar councils the level of provision is lower and this needs further improvement. The council has provided evidence that for those individuals using Telecare there are significant benefits.

Peterborough – 2 Stars

Plymouth – 1 Stars

Poole – 3 Stars
Area for improvement - telecare services have not been developed as quickly as originally planned and more attention needs to be paid to this area of work.

Portsmouth – 2 Stars
Area for improvement - increase use of telecare to support people living in community settings

Reading – 1 Stars
Reading’s progress on the delivery of telecare services has been slower than similar councils but improvement is planned.
People in Reading had relatively poor opportunities to improve quality of life through telecare

**Redbridge – 3 Stars**
Key strength - increased use of telecare and extra care housing

There was a wide range of high quality services including breaks for carers, expansion of the successful voucher scheme, prompt delivery of equipment, and more telecare equipment and extra care housing.

Good range of high quality services, including equipment delivery, carers services, telecare and extra care housing

**Redcar and Cleveland – 2 Stars**
Key strength - provision and integration of telecare services

People generally feel safe at home and the expanding use of Telecare systems is helping to generate more flexible and adaptive types of services. Preventative services continue to develop particularly in relation to reducing the incidence of falls. The council should nevertheless consider how grant funded services might be further developed. Telecare provision is improving, and at a greater rate than for other councils. The council is developing innovative ideas around the use of Telecare in providing “virtual extra care”, which enables people to live independently yet with discreet and effective support as and when needed.

The council have a number of schemes to support independence and safety including telecare and the handyperson scheme.

**Richmond Upon Thames – 3 Stars**
Key strength - a Telecare Smart flat has been developed for ICT use in partnership with council, PCT and local housing provider, which has, falls sensors and devices.

A higher than average number of people have been supplied with at least one item of Telecare equipment in partnership.

**Rochdale – 1 Stars**
Key strength - expansion of telecare service.

There has been progress in the development of other preventative services including telecare and the falls strategy and there are signs that these are impacting positively on the outcomes for people in Rochdale. Further development of preventative services including the provision of extra care housing and widening the availability of telecare is needed. Further work is needed to develop ways to measure the impact on outcomes of the various preventative measures.

There has been moderate expansion of Telecare although the council should consider making this available to those vulnerable people currently excluded.

**Rotherham – 2 Stars**
Key strength - high levels of investment in telecare

There is a commitment to telecare and falls prevention as part of more enabling interventions for a wider range of people.

The high level of investment and rates of older people supported by telecare

**Rutland – 2 Stars**
Area for improvement - progress the plans for telecare
Salford – 3 Stars

Sandwell – 2 Stars

Sefton – 2 Stars
Key strength - Increased provision of telecare services

Sheffield – 3 Stars
Key strength - the good level of telecare support

Shropshire – 3 Stars
Key strength - investment in assistive technology and telecare

Slough – 3 Stars
The provision of Telecare equipment and the numbers receiving this have risen considerably.

Solihull – 2 Stars
Telecare is increasingly contributing to people’s quality of life, including enabling them to feel safe and stay safe in their own homes. This is set to expand further. Telecare forms part of a group of services, including those referred to under promoting health and emotional wellbeing that could be seen to prevent, reduce or delay the need for future more intensive services. The Trust is mindful that evidence of a causal link between prevention and future demand for services has not been established but it is beginning to monitor and evaluate the impact of these services and will use this knowledge inform future service developments.

Somerset – 3 Stars
Area for improvement - to develop telecare services

Telecare services got off to a slow start within Somerset and the council needs to develop this area of service provision.

South Gloucestershire – 2 Stars
Key strength - Telecare is being offered to more people but spending is low

This, alongside a good increase in carers’ services and Improved access to Telecare, demonstrates an increasing range of support available.

By working in partnership with other statutory agencies Telecare is being offered to more people in South Gloucestershire, however spending is still comparatively low. The council has taken a measured approach and is now evaluating pilots in order to make decisions about the development and mainstreaming of the service.

South Tyneside – 2 Stars

Southampton – 3 Stars

Southend on Sea – 1 Stars
The council is developing its provision of preventative services, for example through the use of telecare and a strategy for increasing this further. There was evidence that the use of telecare is having a positive impact on people, for example by feeling safe and aiding independence. The reported performance in the provision of telecare over the past year is low and should be improved.

The council has made good progress in using telecare although this remains below that of similar councils. There was evidence of good support in providing the equipment to those who used the service.
The council should ensure it improves on the projected uptake of telecare for 2007/08, as its strategy for increased use is implemented.

There was some evidence that information about direct payments and other services, such as telecare, are not always easily accessible.

**Southwark – 3 Stars**

There has been an increase in the number of new users of telecare. However as a result of delay with a particular project leading to slippage on budgets the council has not invested as much in this service as anticipated. Plans to develop the service are now said to be back on track and initial indications suggest original targets will be exceeded in the coming year.

**St Helens – 3 Stars**

Key strength - an increase in use of telecare services for older people

**Staffordshire – 2 Stars**

**Stockport – 2 Stars**

Key strength - the performance on telecare through partnerships and other agencies is significantly above plan

**Stockton on Tees – 2 Stars**

Key strength - provision of Telecare systems

Telecare beds in the residential Intermediate Care facility

**Stoke on Trent – 1 Star**

The provision of Telecare systems to support the independence of older people in Stockton is developing well and will be rolled out substantially during 2007/08.

Person centred care for older people is being improved by the expansion of community matrons, provision of more sophisticated telecare systems and the re-organisation of occupational therapy to tackle the backlog of pending assessments.

**Suffolk – 2 Stars**

Area for improvement - good progress has been made in providing telecare to enable people to remain independent in their own homes, however this needs to further improve.

The Council has substantially improved the numbers of telecare equipment available to households through close work with an outside provider. Further improvements in telecare provision to promote independence are required. The council should continue to improve the provision of telecare, which has improved significantly over the past year.

**Sunderland – 3 Stars**

Key strength - Telecare linked to remote support services

The mental health of older people is a key Local Area Agreement priority for the council alongside health partners. The council is working innovatively to support people with dementia at risk of being admitted to care, notably through the provision of an Overnight Service in conjunction with Telecare systems to help sustain vulnerable people in their own homes.

The council’s delivery and ambition for the use and integration of Telecare systems is impressive and is also helping to ensure that vulnerable people feel safer at home.
Telecare is provided by the council alone and not in partnership with any other agency. Telecare provision in Sunderland has progressed considerably and reflects a significant degree of investment and modernisation of a broad range of services. The council has clearly realised the potential for telecare services to significantly change the way people are supported in their own homes. Telecare contact processes are linked into the integrated contact systems for all council services and response/support systems for users of services are flexible, comprehensive and sophisticated. They provide significant levels of responsiveness, re-assurance, and security for users of services and their families. The emergency 101 call system integrates seamlessly into the call/contact systems. It is clear that that long term benefits of the systems that have been developed are both cost effective and are providing the kinds of service that people want.

In response to feedback from people who use services the council has extended the times for home care services, introduced an overnight care support service linked to telecare systems, and extended out of hours services for people with mental health problems.

**Surrey – 1 Star**
Alarms and telecare equipment are easily accessible to promote safety and security in people’s homes.

**Sutton – 2 Stars**
The council achieved less than their planned level of Telecare expansion and may not be able to meet the more ambitious plans for 2007-08

**Swindon – 2 Stars**
Areas for improvement - provision of telecare should be increased.

Provision of telecare was low in 2006/7, due to key staff leaving during the year. However, in order to address recognised delays there has been significant investment in homeline which is already in 3000 homes. This has been extended beyond traditional warden control to link with telecare to include monitoring temperatures, doors, beds etc’.

**Tameside – 3 Stars**
Key strength - the performance on telecare has significantly improved

**Telford and the Wrekin – 3 Stars**
There is evidence that people who use services feel safe because of the innovative Home Improvement Agency and the increasing development of telecare.

**Thurrock – 2 Stars**
There is an improved use of telecare to support independence.

There has been a good improvement in the provision of telecare

**Torbay – 2 Stars**

**Tower Hamlets – 3 Stars**
Area for improvement - ensure that linked plans for expanding telecare, and extra-care housing, are realised. Accelerate progress in implementing telecare and extra-care housing by achieving already planned developments

**Trafford - 3 Stars**
There was a substantial increase in ‘telecare’ equipment installed in people’s homes to enhance their safety, along with access to repair and fire safety improvements

Apart from the investment in ‘re-ablement’ services, there has been a substantial increase, well beyond that originally planned, in telecare services installed in people’s homes.
Wakefield – 3 Stars
Key strength - use of telecare reducing need for long term intensive support.

The use of telecare options is reducing the need for more intensive long term support in some cases

Walsall – 1 Star

Waltham Forest – 2 Stars
Area for improvement - increase the provision of telecare equipment.

Development of Telecare services was slow, especially when compared to other London Councils.

Wandsworth – 2 Stars
Key strength - Telecare with focus on dementia
The amount and range of Telecare provided rose significantly and it was well focused on older people with dementia.

Warrington – 2 Stars
Increased provision of telecare services

Warwickshire – 2 Stars
Key strength – Telecare

Telecare has also been the subject of a great deal of planning and development work in 2006/07 with districts, boroughs and other partners. Contractual and other delays mean that the step change expansion of this service will not be achieved until 2007/08.

Areas for improvement - delivery of planned service developments and improvements to further promote independence such as Telecare and reduced waiting times for Disabled Facilities Grants.

West Berkshire – 3 Stars

West Sussex – 2 Stars

Westminster – 3 Stars
Key strength – high provision of Telecare

High numbers of older people are already in receipt of Telecare and development focused on promoting benefits and testing new equipment with accelerated take-up expected in 2007.

Wigan – 2 Stars

Wiltshire – 1 Star
The council needs to ensure there is sufficient support in order to help people to live at home including the development of services like extra care housing and telecare.

Budget cuts have also impacted upon telecare provision.

Windsor and Maidenhead – 2 Stars
Areas for improvement – further improvement should be made by the council to the provision of telecare equipment available in people’s homes.
The council has worked to improve the items of telecare equipment provided and further improvements are planned for 2007/08.

**Wirral – 2 Stars**
Key strength - Increased provision of telecare services

**Wokingham – 1 Stars**
People in Wokingham had relatively poor opportunities to improve quality of life through telecare - because of the relatively low level of activity compared to the average of similar councils - and despite ambitious plans for 2006/07. The Council planned to improve this for 2007/08.

**Wolverhampton – 2 Stars**

**Worcestershire – 2 Stars**
Area for improvement - Increase in use of intensive home care and Telecare.

Telecare developments have been slower to start than the council would have wished however progress is expected in 2007/08

The council is piloting self-assessment for Direct Payments, Telecare, people who require assistance with medication and to help carers of people with a learning disability to access carers’ services.

Certain areas have been more problematic for the council, with plans around expansion of Telecare and the relocation of people from NHS campus accommodation being delayed, for example.

**York – 2 Stars**
Key strength - successful Implementation and delivery of Telecare Services

Increased access and take up to assistive technology services and telecare services
The council has invested in the provision of telecare services that it sees as part of its prevention strategy. It is aimed at preventing the need for admission into care settings and/or more immediately aimed at reducing the demand for home care services that are committed inappropriately. The financial savings that may accrue as a result can then be invested more appropriately.

…For instance, the consultation on telecare led to the instigation of the demonstration flat
## Appendix 2 – 2007/8 new user projections with 75% figures shown

In the table below, Columns A to C are from the CSCI returns completed in April 2007. Columns D to F show 75% of the projections. This is the point that local authorities would have reached by 31 December 2007. Let us know if you are not going to meet your projection – telecare@csip.org.uk

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<th>Local authority</th>
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<th>B</th>
<th>C</th>
<th>D</th>
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